



• "Most Livable City" U.S. Conference of Mayors •

Certificate of Insurance

Dear Licensee,

In order to ensure appropriate protection for the City of Scottsdale, regarding the use of city parks or its centers, ***the City of Scottsdale requires evidence of comprehensive general liability coverage. Coverage in the amount of \$1,000,000 (one million dollars) must show the City of Scottsdale as the Certificate Holder, as well as named as Additional Insured.***

Insurance is required for vendor services and specialty items, such as, catering, event organizers, moonwalks, inflatables, bungee runs, rock walls, petting zoos, pony rides, game booths, canopies/tents 10 x 10 or larger, dog shows and all city co-sponsored events. Insurance also is required for baseball, softball, volleyball and soccer tournaments, sport league practices, team building events, sub-contracted vendors, film/photo shoots, for-profit vendors, personally owned inflatables, or anything city staff determine as having risk potential.

Coverage should be obtained from the vendor. However, if the insurance is unavailable from the vendor, the group or company organizing the event must provide the Certificate of Insurance. The group or company may use its own insurance coverage, but must meet the city's requirements.

Staff will deny the use of vendors or specialty items if the liability insurance is not provided to the city, or a Certificate of Insurance is provided, but does not meet city requirements. The following page is an example of the Certificate of Insurance.

The Certificate of Insurance must be received, from the insurance company, two weeks prior to your event. The due date is recorded on your Facility Use Permit. Please mail the certificate to: Facility Booking Office, PO Box 1761, Scottsdale, Arizona, 85252.

Please contact the Facility Booking Office at (480) 312-7707 if you have any questions.

Thank you for your cooperation.

City of Scottsdale
Parks, Recreation & Facilities
Facility Booking Staff

ACORD CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YY)
10/12/05

PRODUCER

NAME and ADDRESS of
INSURANCE AGENCY

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION
ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE
HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR
ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGE

COMPANY
A NAME OF INSURANCE COMPANY

INSURED

NAME and ADDRESS of
VENDOR or ORGANIZATION
HOLDING THE EVENT

COMPANY
B

COMPANY
C

COMPANY
D

COVERAGES

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD
INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS
CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS,
EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

CO LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> OWNER'S & CONTRACTOR'S PROT	43768921	10/12/05	10/12/06	GENERAL AGGREGATE \$ PRODUCTS - COMPOP AGG \$ PERSONAL & ADV INJURY \$ EACH OCCURRENCE \$ 1,000,000 FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN AUTO ONLY: EACH ACCIDENT \$ AGGREGATE \$
	EXCESS LIABILITY <input type="checkbox"/> UMBRELLA FORM <input type="checkbox"/> OTHER THAN UMBRELLA FORM				EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY THE PROPRIETOR/ PARTNERS/EXECUTIVE OFFICERS ARE: <input type="checkbox"/> INCL <input type="checkbox"/> EXCL				WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER <input type="checkbox"/> EL EACH ACCIDENT \$ EL DISEASE-POLICY LIMIT \$ EL DISEASE-EA EMPLOYEE \$
	OTHER				

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

CERTIFICATE HOLDER IS NAMED AS ADDITIONAL INSURED.

CERTIFICATE HOLDER

CITY OF SCOTTSDALE
FACILITY BOOKING OFFICE
PO BOX 1761
SCOTTSDALE, ARIZONA 85252

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE
EXPIRATION DATE THEREOF, THE ISSUING COMPANY WILL ENDEAVOR TO MAIL
_____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT,
BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY
OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES.
AUTHORIZED REPRESENTATIVE